	INFORMATION AND REFERRAL	
Definition	Responding 24 hours a day in person or by phone to direct requests for information or assistance related to sexual abuse/assault.	
Goal	To provide sexual abuse/assault related information and resources.	
Duration	Usually one time.	
Activities	<ul> <li>Assist caller/client in evaluating what is needed</li> <li>Provide information verbally or in writing about available resources/services</li> </ul>	
Service Recipients	<ul> <li>Any caller, but typically:</li> <li>Non-offending parents of child victims</li> <li>Victims</li> <li>Significant others who require assistance in order to address their own reactions to the victimization and to effectively support the victim</li> <li>Those whose work brings them into contact with people who have been victimized: health care, mental health, education, law enforcement, legal, social service personnel</li> <li>Offenders or their families</li> </ul>	
Qualifications	All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.  Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/ assault training and has two years of relevant experience.	

	CRISIS INTERVENTION	
Definition	An immediately available 24-hour personal response provided in a variety of settings to an individual presenting a crisis related to sexual abuse/assault.	
Goal	To alleviate acute distress of sexual abuse/assault, to begin stabilization, and assist in determining the next steps.	
Duration	Short term. May be episodic.	
Activities	Activities to alleviate acute stress including:  Information about the effects of victimization  General information about medical and legal issues (Case specific information – see Legal/Medical Advocacy)  Information on services available in the community	
Service Recipients	<ul> <li>Child sexual abuse/assault victims</li> <li>Adult or adolescent sexual abuse/assault victims</li> <li>Non-offending parents whose children are sexual abuse/assault victims</li> <li>Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim</li> </ul>	
Qualifications	All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, which must include at least four hours of crisis intervention, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as we as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.	
	Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/ assault training and has two years of relevant experience.	

	GENERAL ADVOCACY	
Definition	Personal support and/or assistance in accessing sexual abuse/assault related services.	
Goal	To ensure needed services and adequate support to enhance recovery from sexual abuse/assault	
Duration	Generally, 1 to 4 times per month; 3 months to a year	
Activities	All activities and services are client-focused and case specific.  Ongoing personal support, including outreach calls/visits (including in-patient or residential care settings)  Practical help as needed; information and referrals which are case specific and client focused  Ongoing, repetitive crisis intervention  Arranging for services to enhance recovery (e.g., health, financial, housing)  Consulting with others (such as CPS, APS, Indian Child Welfare) regarding an individual case	
Service Recipients	<ul> <li>Adult/adolescent sexual abuse/assault victims</li> <li>Non-offending parents whose children are sexual abuse/assault victims</li> <li>Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim</li> </ul>	
Qualifications	All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and soci services respond to victims of sexual abuse/assault.	
	Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.	

	MEDICAL ADVOCACY	
Definition	Acting on behalf of and in support of victims of sexual abuse/assault on a 24-hour basis to ensure their interests are represented and their rights upheld.	
Goal	To assist the victim to regain personal power and control as s/he makes decisions regarding medical care and to promote an appropriate response from individual service providers.	
Duration	May vary significantly depending upon client's medical needs as related to the sexual assault.	
Activities	All activities and services are client-focused and case specific. For general information regarding medical advocacy, see Information & Referral.	
	<ul> <li>Assistance in making informed decisions about medical care and the preparations needed, including referral for possible forensic exam</li> <li>Information about medical care/concerns, including assistance with needed follow-up</li> <li>Support at medical exams and appointments</li> <li>Information and/or assistance with Crime Victim Compensation applications</li> </ul>	
Service Recipients	<ul> <li>Child sexual abuse/assault victims</li> <li>Adult/adolescent sexual abuse/assault victims</li> <li>Non-offending parents whose children are sexual abuse/assault victims</li> <li>Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim</li> </ul>	
Qualifications	All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, which must include at least four hours of medical advocacy, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.	
	Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/ assault training and has two years of relevant experience.	

	LEGAL ADVOCACY	
Definition	Acting on behalf of and in support of victims of sexual abuse/assault on a 24-hour basis to ensure their interests are represented and their rights upheld.	
Goal	To assist gaining knowledge of the criminal justice system, gain access to all avenues of participation in the legal system and to promote the responsiveness of individual legal system participants.	
Duration	Up to several years	
Activities	All activities and services are client-focused and case specific. For general information regarding legal advocacy, see Information & Referral.	
	<ul> <li>Assistance in making informed decisions about police reporting and the preparations needed, including the possibility of CVC benefits</li> <li>Information about the criminal justice systems, civil remedies, and Dependency, Family and Juvenile Courts, including follow up.</li> <li>Support at interviews, trial and sentencing</li> <li>Assistance in preparing for court; informing the victim of her/his rights in legal settings</li> <li>Active monitoring of case through the legal system</li> <li>Assistance with protective/no-contact/anti-harassment orders</li> </ul>	
Service Recipients	<ul> <li>Child sexual abuse/assault victims</li> <li>Adult/adolescent sexual abuse/assault victims</li> <li>Non-offending parents whose children are sexual abuse/assault victims</li> <li>Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim</li> </ul>	
Qualifications	All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, which must include at least four hours of legal advocacy, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault. Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.	

	SYSTEM COORDINATION	
Definition	Coordination of the service system entails the development of working relationships and agreements (formal and informal) among programs and services with a role in the array of sexual abuse/assault service provision with the goal of improving service delivery	
Goal	To operate a permanent, client-centered system which offers, or assures access to, a comprehensive continuum of specialized sexual abuse/assault services, which is mutually accountable despite individual changes over time in regulations, procedures or people who provide service.	
Duration	An on-going process	
Activities	<ul> <li>Develop partnerships</li> <li>Increase collaboration</li> <li>Assess gaps in service</li> <li>Foster cooperation</li> <li>Develop accountability process</li> <li>Develop new ways of delivering services</li> <li>Develop new sources of funding</li> </ul>	
Potential Participants	<ul> <li>Law enforcement</li> <li>Prosecutors</li> <li>Judiciary</li> <li>CPS</li> <li>Schools</li> <li>Social services (private and public)</li> <li>Mental health services</li> <li>Medical facilities/practitioners</li> <li>Emergency services</li> <li>Other relevant groups, task forces, networks and individuals</li> </ul>	
Qualifications		

	PREVENTION: SOCIAL CHANGE	
Definition	Promoting attitudes, behaviors and social conditions that will reduce and ultimately eliminate factors that cause or contribute to sexual violence.*	
Goal	Impact the underlying causes of sexual violence through the shifting of ownership of solutions from social services to the community using a community development approach.	
Duration	Varies with activities and opportunities.	
Eligible Activities	Any activities chosen from among the following must be part of a comprehensive community development plan for the prevention of sexual violence.  Establish relationships within communities, including underserved communities  Convene a community development process within a community you define and participate in its implementation.**  Community networking  Legislation/policy development	
Service Recipients	Stakeholders:  Community stakeholders, inclusive across systems and networks within the chosen community	
Qualifications		

<sup>\*</sup>Sexual Violence is physical, emotional, social economic, cultural, spiritual, and/or political acts and/or behaviors that use sex and/or sexuality as tools of violence and oppression against children, youth, women and men.

<sup>\*\*</sup>See Sexual Assault Prevention Plan for Washington State, August 1997; Page 16, section "Accomplishing Change" for a description of principles central to community development.

July 2003

	PREVENTION: INFORMATION AND AWARENESS	
Definition	Informing the community and increasing the awareness of and knowledge about sexual abuse/assault.	
Goal	To increase the willingness and ability of the community to take responsibility for the prevention of sexual abuse/assault.	
Duration	Varies with activities and opportunities.	
Eligible Activities	<ul> <li>Outreach to underserved communities</li> <li>Community education events</li> <li>Public speaking/presentations</li> <li>Distribution of materials</li> <li>In-service training to staff, volunteers</li> <li>(See also CS-6 system coordination standard)</li> </ul>	
Service Recipients	<ul> <li>Community groups</li> <li>Service providers or groups from related systems</li> <li>Underserved communities</li> </ul>	
Qualifications	Prevention efforts are best provided by, or under the auspices of, a Community Sexual Assault Program.  All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, and the 5 – hour WCSAP prevention orientation or equivalent. 12 hours of on-going training is required annually. All training must be approved by the Washington Coalition of Sexual Assault Programs. The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault. Providers must have an understanding of the causes of sexual violence, prevention and social change theory, community development techniques and have demonstrated experience in educational techniques appropriate to their audience.  Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and the 5-hour prevention orientation, and has two years of relevant experience. The supervisor should observe the provider's training on a periodic basis.	

July 2003

	PREVENTION: BUILDING SKILLS	
Definition	Programs and presentations focused on building skills within the community to prevent sexual abuse/assault.	
Goal	To build skills and develop strategies within the community to prevent sexual abuse/assault.	
Duration	Varies with activities and opportunities.	
Eligible Activities	<ul> <li>Physical self-defense training</li> <li>Personal safety skills</li> <li>Skills to promote non-violent behavior</li> </ul>	
Service Recipients	Individuals and groups in schools, faith communities, the general community such as:  Children  Teens Parents Community members Service providers	
Qualifications	Prevention efforts are best provided by, or under the auspices of, a Community Sexual Assault Program.  All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, and the 5-hour WCSAP prevention orientation or equivalent. 12 hours of on-going training is required annually. All training must be approved by the Washington Coalition of Sexual Assault Programs. The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault. Providers must have an understanding of the causes of sexual violence, prevention and social change theory, community development techniques and have demonstrated experience in educational techniques appropriate to their audience.  Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and the 5-hour prevention orientation, and has two years of relevant experience. The supervisor should observe the provider's training on a periodic basis.	

	SUPPORT GROUP	
Definition	Regular facilitated meetings of victims and/or secondary victims of sexual abuse/assault with a supportive and educational focus	
Goal	To provide emotional stability and promote the understanding of the impact of sexual abuse/assault	
Duration	1 to 2 hour average length of time per session; 1 to 4 sessions per month; 3 months to a year	
Activities	Group meetings with a planned beginning and ending date and an outcome-based, structured agenda with a primary focus on sexual abuse/assault issues.	
Service Recipients	<ul> <li>Adult or adolescent sexual abuse/assault victims</li> <li>Non-offending parents of child sexual abuse/assault victims</li> <li>Significant others who require help/assistance in order to address their own reactions to victimization and to effectively support the victim</li> </ul>	
Qualifications	The facilitator must complete 30 hours of initial sexual abuse/assault training, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault. The facilitator must also have training in group process and interpersonal dynamics, and experience as a facilitator or co-facilitator.	
	The facilitator must be supervised by a paid staff person with a minimum of a BA degree in Human Services or a related field plus two years of relevant experience <b>or</b> a combination of six years of relevant experience, education and training. The facilitator must be, or receive consultation on group process from, a Masters level therapist.	

	THERAPY	
Definition	A professional relationship within a theoretical framework that involves a specified helper gathering, systemetizing and evaluating information and using techniques to address the effects of sexual abuse/assault.	
Goal	To identify, understand and ameliorate the effects of sexual abuse/assault experience.	use/assault; to promote healing and to integrate the sexual
Duration	1 hour average length of time per session; 1 to 4 sessions per month; 3 months to several years; additional therapy could be indicated, depending on the individual case.	
Activities	Assessment:  ■ Psychosocial history taking  ■ Psychological testing, or psychiatric evaluation (including mental status exam)  ■ In-person interviews with victims and/or family members  ■ Collateral contacts, including review of relevant documents, telephone/in-person contact with other providers  ■ Report writing	<ul> <li>Therapy:</li> <li>Individual, group or family therapy, based on current clinical therapeutic principles generally accepted as being appropriate to sexual abuse/assault</li> <li>In-person visits in the office, on location or by phone</li> <li>Family therapy can include a treated sexual offender in the course of reunification</li> <li>Interpretation of findings and expert testimony</li> <li>Consultation to other disciplines/systems</li> </ul>
Service Recipients	<ul> <li>Child sexual abuse/assault victims</li> <li>Adult or adolescent sexual abuse/assault victims with acute or past history of sexual abuse/assault</li> <li>Non-offending parents whose children are sexual abuse/assault victims</li> <li>Significant others who require help/assistance in order to address their own reactions to victimization and to effectively support the victim</li> </ul>	
Qualifications	Practitioners must complete 23 hours of initial sexual abuse/assault training, plus 6 hours of ongoing sexual abuse/assault training annually. All trainings must be consistent with the OCVA therapist training standard. The practitioner must be knowledgeable about the principles of sound therapeutic practices with victims of sexual abuse/assault, including working with the continuum of sexual abuse/assault services and must understand victimization and demonstrate practices sensitive to sexual abuse/assault issues in therapy.  Practitioners must be licensed psychiatrists or psychologists or be registered or certified professionals in the State of Washington and have a minimum of a master's degree in one or more the following: mental health counseling, marriage and family therapy, social work or related field. Practitioners who are completing an internship for a master's degree in any of the fields listed above and have completed the 23 hours of initial sexual abuse/assault training are also eligible providers, as long as they are receiving supervision from a person who meets the qualifications above. Interns must also complete 6 hours of ongoing sexual abuse/assault training annually. For practitioners conducting assessments of children, refer to the guidelines from the American Professional Society on the Abuse of Children.  Therapists, as well as individuals conducting assessments, must have regular supervision, consultation and/or review of cases, preferably by a Washington State licensed psychiatrist, psychologist or certified therapist.	

	Social Work for Medical Evaluations of Children & Vulnerable Adults	
Definition	Preparing victim for medical evaluation; preparing and passing on a complete case history for purposes of contributing to investigation.	
Goal	To complete the medical evaluation in a manner that minimizes the traumatization of the victim and caregivers.	
Duration	Generally one hour by phone for intake with parent/caretaker; brief calls between intake and evaluation to prepare a victim for and reduce her/his anxiety about the evaluation and investigation; one hour in-person during evaluation; and subsequent contacts, usually by phone, as needed.	
Activities	<ul> <li>Psychosocial history-taking, including assessment of parental protectiveness and parental coping, documentation of family structure, family dynamics, and dynamics of abuse/assault as related by parent/caretaker.</li> <li>Interpretation of stages of child physical and psychosexual development, signs of stress and of child sexual assault.</li> <li>Interpretation of medical evaluation process, indications for doing lab work, and meaning of possible physical findings.</li> <li>Interpretation of law enforcement investigation process and parent/caretaker role in same, including compliance with mandated reporting.</li> <li>Interpretation of child protective services functions and parent/caretaker role in same, including compliance with mandated reporting.</li> <li>Referral to appropriate CSAP for advocacy.</li> <li>Referral to therapy resources, including explanation of and assistance with Crime Victims Compensation application.</li> <li>When appropriate, communicate directly with child or adolescent victim to allay anxiety about medical evaluation.</li> <li>Crisis counseling for the purposes of preparing victim for the medical evaluation and to pass on a complete case history for purposes of investigation.</li> </ul>	
Service Recipients	<ul> <li>Non-offending parent/caretakers of child and adolescent victims of sexual abuse/assault.</li> <li>Child and adolescent victims.</li> <li>Vulnerable adult victims and their caretakers or care managers.</li> </ul>	
Qualifications	Master's degree in social work or related field or licensure as a Registered Nurse, Nurse Practitioner, Medical Doctor or Physician's Assistant. Employed by or contracted with a licensed medical institution or provider. Twelve hours of initial sexual assault/abuse training, plus twelve hours per year ongoing training. Practitioners who are completing an internship for any of the fields listed above and have completed the 12 hours of initial sexual abuse/assault training are also eligible providers, as long as they are receiving supervision from a person who meets the qualifications above.	

	Community Responding		
Definition	Culturally and linguistically appropriate personal support and/or assistance in accessing services and addressing sexual abuse/assault related issues for victims in marginalized and underserved communities.		
Goal	To ensure access to services and support that enhances recovery from sexual abuse/assault.		
Activities	<ul> <li>Sexual assault training and consultation to other professionals and institutions (e.g. law enforcement, mental health, community sexual assault programs) on appropriate sexual assault service delivery.</li> <li>Culturally and linguistically appropriate techniques to respond to the effects of sexual abuse/assault.</li> <li>Strategies and support or accompaniment to navigate through service delivery and criminal justice systems.</li> <li>Peer Support Groups for adults or adolescents, facilitated/led by an advocate. The group must have a planned beginning and ending date and an outcome-based structured agenda with a primary focus on sexual abuse/assault issues.</li> <li>Educational Groups for adults or adolescents, facilitated/led by an advocate. The group must have an agenda with a primary focus on sexual abuse/assault issues. These issues can be presented in cycles so that membership may begin at any point in the cycle.</li> </ul>		
Service Recipients	<ul> <li>Adult, adolescent or child victims of sexual abuse/assault.</li> <li>Non-offending parents or caregivers of child sexual abuse/assault victims.</li> <li>Significant others who require help/assistance in order to address their own reactions to victimization and to effectively support the victim.</li> </ul>		
Qualifications	<u>Direct Service Provider</u>	Supervisor	
	Initial Training: 15 hours OCVA approved initial sexual assault training. 15 hours culturally and/or linguistically appropriate initial sexual assault training.	Initial Training: 15 hours OCVA approved initial sexual assault training. 15 hours culturally and/or linguistically appropriate initial sexual assault training.	
	Annual Training: 12 hours OCVA approved ongoing sexual assault training annually.	Annual Training: 12 hours OCVA approved ongoing sexual assault training annually.	
		Education/Experience: Two years of demonstrated experience in culturally and linguistically appropriate sexual assault advocacy, support, or treatment,	
		OR Two years of demonstrated experience in culturally and linguistically appropriate domestic violence advocacy and support.	
		Other direct human service experience will be considered on a case- by-case basis.	

	Community Organizing		
Definition	Culturally and linguistically appropriate activities to promote attitudes, behaviors and social conditions that will reduce or eliminate factors that cause or contribute to sexual violence in marginalized and underserved communities.		
Goal	To increase the willingness and capacity of the community to impact the underlying causes of sexual violence and respond to sexual abuse/assault.		
Activities	<ul> <li>Sexual assault training and consultation to other professionals and institutions (e.g., law enforcement, mental health, and community sexual assault programs) on culturally and linguistically appropriate sexual assault prevention and/or education.</li> <li>Community events focused on raising awareness of sexual violence, its underlying conditions, and available service recipients and interrelated systems.</li> <li>Public speaking/presentations within the community focused on raising awareness of sexual violence, its underlying conditions, and available services for the community, potential service recipients and interrelated systems.</li> <li>Distribution of sexual assault materials focused on raising awareness of sexual violence, its underlying conditions, and available services for the community, potential service recipients and interrelated systems.</li> </ul>		
Service Recipients	Community individuals and groups, service providers, schools and faith communities.		
Qualifications	Direct Service Provider	Supervisor	
	Initial Training: 15 hours OCVA approved initial sexual assault training. 15 hours culturally and/or linguistically appropriate initial sexual assault training.	Initial Training: 15 hours OCVA approved initial sexual assault training. 15 hours culturally and/or linguistically appropriate initial sexual assault training.	
	Annual Training: 12 hours OCVA approved ongoing sexual assault training annually.	Annual Training: 12 hours OCVA approved ongoing sexual assault training annually.	
		Education/Experience: Two years of demonstrated experience in culturally and linguistically appropriate sexual assault advocacy, support, or treatment,	
		OR	
		Two years of demonstrated experience in culturally and linguistically appropriate domestic violence advocacy and support.	
		Other direct human service experience will be considered on a case- by-case basis.	

	Therapy	
Definition	A professional relationship within a theoretical framework that involves a specified helper gathering, systematizing and evaluating information and using techniques to address the effects of sexual abuse/assault.	
Goal	To identify, understand and ameliorate the effects of sexual abuse/assault; to promote healing and to integrate the sexual abuse/assault experience.	
Duration	1 hour average length of time per session; 1 to 4 sessions per month; 3 months to several years; additional therapy could be indicated, depending on the individual case.	
Activities	Assessment:  ■ Psychosocial history taking  ■ Psychological testing, or psychiatric evaluation (including mental status exam)  ■ In-person interviews with victims and/or family members  ■ Collateral contacts, including review of relevant documents, telephone/in-person contact with other providers  ■ Report writing	<ul> <li>Therapy:         <ul> <li>Individual, group or family therapy, based on current clinical therapeutic principles generally accepted as being appropriate to sexual abuse/assault</li> <li>In-person visits in the office, on location or by phone</li> <li>Family therapy can include a treated sexual offender in the course of reunification</li> <li>Interpretation of findings and expert testimony</li> <li>Consultation to other disciplines/systems</li> </ul> </li> </ul>
Service Recipients	<ul> <li>Child sexual abuse/assault victims</li> <li>Adult or adolescent sexual abuse/assault victims with acute or past history of sexual abuse/assault</li> <li>Non-offending parents whose children are sexual abuse/assault victims</li> <li>Significant others who require help/assistance in order to address their own reactions to victimization and to effectively support the victim</li> </ul>	
Qualifications	Practitioners must complete 23 hours of initial sexual abuse/assault training, plus 6 hours of ongoing sexual abuse/assault training annually. All trainings must be consistent with the OCVA therapist-training standard. The practitioner must be knowledgeable about the principles of sound therapeutic practices with victims of sexual abuse/assault, including working with the continuum of sexual abuse/assault services and must understand victimization and demonstrate practices sensitive to sexual abuse/assault issues in therapy.  Practitioners must be licensed psychiatrists or psychologists or be registered or certified professionals in the State of Washington and have a minimum of a master's degree in one or more the following: mental health counseling, marriage and family therapy, social work or related field. Practitioners who are completing an internship for a master's degree in any of the fields listed above and have completed the 23 hours of initial sexual abuse/assault training are also eligible providers, as long as they are receiving supervision from a person who meets the qualifications above. Interns must also complete 6 hours of ongoing sexual abuse/assault training annually. For practitioners conducting assessments of children, refer to the guidelines from the American Professional Society on the Abuse of Children.	
	Therapists, as well as individuals conducting assessments, must have regular supervision, consultation and/or review of cases, preferably by a Washington State licensed psychiatrist, psychologist or certified therapist.	

February 2002

### **Core Services**

**Provided by Accredited Community Sexual Assault Programs** 

Information and Referral

**Crisis Intervention** 

**Legal Advocacy** 

**Medical Advocacy** 

**General Advocacy** 

**System Coordination** 

**Prevention: Social Change** 

**Prevention: Information and Awareness** 

**Prevention: Building Skills** 

# **Specialized Services**

**Support Group** 

**Therapy** 

**Medical Social Work** 

## **Services for Marginalized Communities**

**Community Organizing** 

**Community Responding** 

**Therapy**